


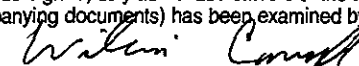
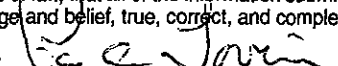
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  036-973	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name  Last Name  P.O. Box • Building and Room Number (if any)  Number and Street  City  State ZIP Code + 4		
<b>IMPORTANT</b> PAUL LOVINUS (2) 036-973 TEAMSTERS AFL-CIO 330 LU 344 10020 W GREENFIELD AVE MILWAUKEE, WI 53214 12/2001			
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.)	
6. DESIGNATION NUMBER		7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	Description		
11	Milwaukee Drivers' Health + Welfare Trust - to provide for hospital, medical, dental, vision + death benefits		
	Milwaukee Drivers' Pension Trust - to provide for pension + death benefits		
14	Annual year end audit of financial statements by Thomas Havey & Co.		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  412102 ( ) - Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  03127102 ( ) - Date Telephone Number	TREASURER (If other title, see instructions.)

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 920
19. What is the date of your organization's next regular election of officers? MO YEAR  
11 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 400 000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 11-46	per month (Month, Year, etc.)
(b) Initiation Fees	\$ 100	
(c) Transfer Fees	\$	
(d) Work Permits	\$	per (Month, Year, etc.)

- |  | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | X  |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | X  |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | X  |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 036-973

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....		1779197	1530166
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities .....			
	29. Investments .....	2	338423	280633
	30. Fixed Assets .....	5	226153	414438
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....		2343773	2225237
LIABILITIES	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable .....			
	36. Other Liabilities .....	4		
	37. TOTAL LIABILITIES .....			
	38. NET ASSETS (Item 32 less Item 37) .....		2343773	2225237

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 036-973

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues .....		2032461	56. To Officers .....	9	151719
40. Per Capita Tax .....			57. To Employees .....	10	650520
41. Fees .....		266647	58. Per Capita Tax .....		315429
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	288322
44. Work Permits .....			61. Educational & Publicity Expense ...		1136
45. Sale of Supplies .....		2099	62. Professional Fees .....		27191
46. Interest .....		74585	63. Benefits .....	11	410729
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	10738
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		85603
50. Loans Obtained .....	8		67. Withholding Taxes .....		312059
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	220238
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	233353	71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	384492
55. TOTAL RECEIPTS .....		2609145	74. TOTAL DISBURSEMENTS .....		2858176

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 036-973

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

# **SCHEDULE 2 — INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 036-973

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	280,633
5. Total Book Value	280,633
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) <u>MFS Investments</u>	280,633
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	280,633
Enter the Total from Line 7 in ..... Item 29, Column (B)	

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 036-973

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): <i>10020 West Greenfield Avenue</i>	<i>70,003</i>		<i>70,003</i>	<i>100,000</i>
2. Totals from additional pages (if any)				
3. Buildings (give location): <i>10020 West Greenfield Avenue</i>	<i>499,441</i>	<i>206,058</i>	<i>293,383</i>	<i>500,000</i>
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	<i>146,067</i>	<i>95,015</i>	<i>51,052</i>	<i>40,000</i>
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	<i>715,511</i>	<i>301,073</i>	<u>414,438</u>	<i>640,000</i>
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. <i>Obsolete Furniture + Fixtures</i>	<i>46,844</i>	<i>0</i>	<i>0</i>	<i>0</i>
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	<i>46,844</i>	<i>0</i>	<i>0</i>	<i>0</i>
		7. Less Reinvestments		<i>-</i>
		8. Net Sales		<u>0</u>
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 036-913

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Equipment + Fixtures	220,238.	220,238	220,238
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	220,238	220,238.	220,238
	7. Less Reinvestments		-
	8. Net Purchases		220,238
Enter the Total from Line 8 in ..... Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34					
Column (C) ..... with Explanation ..... Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 036 - 973

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. BORCHARDT First Name: TERRY Title: TRUSTEE Status: C		5000		3255		8255
Last Name: 2. BARBER First Name: BRIAN Title: TRUSTEE Status: C		5000		284		5284
Last Name: 3. CARROLL First Name: WILLIAM Title: PRESIDENT Status: C		81998		2018		84016
Last Name: 4. HIMMELSBACH First Name: DORINDA Title: TRUSTEE Status: C		5000		168		5168
Last Name: 5. HAMILTON First Name: GEORGE Title: REC-SEC Status: C		5000		1296		6296
Last Name: 6. LOVINUS First Name: PAUL Title: SEC-TREAS Status: C		87261		912		88173
Last Name: 7. WILLEY First Name: BRIAN Title: VICE-PRESIDENT Status: C		5000		101		5101
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		194,259		8,034		202,293
				10. Less Deductions 50574		
Enter the Total from Line 11 in ..... Item 56 ⇒				11. Net Disbursements 151719		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 036-973

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. STANWOOD Position CLERK Name of Affiliated Organization	STEPHAN	35094				35094
2. JASINSKI Position CLERK Name of Affiliated Organization	LORRIE	35038				35038
3. KANACK Position BUSINESS REP Name of Affiliated Organization	THOMAS	80229		907		81136
4. KOLVER Position OFFICE MANAGER Name of Affiliated Organization	MARLENE	20466				20466
5. LELO Position CLERK Name of Affiliated Organization	SHELLEY	34713				34713
6. Totals from additional pages (if any)		673,898		15,504		689,402
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		16,156				16,156
8. Totals of Lines 1 through 7		895,594		16,411		912,005
				9. Less Deductions 26148.5		
Enter the Total from Line 10 in.....				10. Net Disbursements 650520		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 036-973

Description (A)	To Whom Paid (B)	Amount (C)
1. Group Life Insurance	American Income & Life	61,929.
2. Pension Benefits	Milw Drivers Pension Fund	156,992.
3. Health Insurance	Milw. Drivers Health Fund	142,534.
4. Severance Fund	M+I Trust	49,274
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		410,729.
Enter the Total from Line 6 .....		↑ Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Local Charities	4,911.
2. Labor Organizations	5,827.
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	10,738
Enter the Total from Line 8 in ..... ↑ Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Membership Activities	104,771.
2. Insurance	8,530.
3. Supplies/Printing/Postage	111,922
4. Telephone/Utilities	63,099.
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	288,322
Enter the Total from Line 8 in ..... ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. Sol/Rent Reimb. from <sup>milw. Drivers</sup> H&W + Pension	204,264
2. Financial Core	4,180.
3. Transfers	3,308.
4. Joint Council	1,077.
5. Reimb. Membership Activities	20,088.
6. Collections	436.
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	233,353
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Building Maintenance	6,447.
2. Reimbursed Wages	25,220.
3. Refund dues/initiation	24,226.
4. Funds for Transmittal	1,769
5. Steward Dues + Expense	115,692.
6. Expense Allowance	35,300.
7. Auto/Travel/meetings	84,438.
8. Assessments	49,338.
9. Equipment Maintenance	31,768
10. Conference	6,660.
11. Moving Expense	3,634.
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	384,492
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 73	

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2001

FILE NUMBER: 036-973

PAGE 1 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>REUSCHLEIN</div> <div>MARY</div> <div>Position</div> <div>CLERK</div> <div>Name of Affiliated Organization</div> </div>	32241				32241
<div> <div>Last Name</div> <div>First Name</div> <div>ELIZALDE</div> <div>MARY</div> <div>Position</div> <div>OFFICE MANAGER</div> <div>Name of Affiliated Organization</div> </div>	42350				42350
<div> <div>Last Name</div> <div>First Name</div> <div>JAMES</div> <div>COLEEN</div> <div>Position</div> <div>TITAN OPERATOR</div> <div>Name of Affiliated Organization</div> </div>	35349				35349
<div> <div>Last Name</div> <div>First Name</div> <div>LEPAK</div> <div>CYRIL</div> <div>Position</div> <div>BUSINESS REP</div> <div>Name of Affiliated Organization</div> </div>	73322		6913		80235
<div> <div>Last Name</div> <div>First Name</div> <div>JENKINS</div> <div>GREER</div> <div>Position</div> <div>CLERK</div> <div>Name of Affiliated Organization</div> </div>	31542				31542
Totals	214,804		6,913		221,717

ORGANIZATION NAME:  
Teamsters AFL-CIO Local 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2001

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PAGE 2 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name REDMOND	First Name JOHN	83945		869		84814
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name TRACHSEL	First Name ROBERT	80713		1330		82043
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name TREIS	First Name GERALYN	46227				46227
Position ADMINISTRATOR						
Name of Affiliated Organization						
Last Name WEBER	First Name ROBERT	84355		2937		87292
Position BUSINESS REP						
Name of Affiliated Organization						
Last Name WEISSBRODT	First Name MARK	83141		1428		84569
Position BUSINESS REP						
Name of Affiliated Organization						
Totals		378,381		6,564		384,945

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2001

FILE NUMBER: 036-973

PAGE 3 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div> ZODROW BRIAN </div> <div> <div>Position</div> <div> BUSINESS REP </div> </div> <div> <div>Name of Affiliated Organization</div> </div> </div>	80713		2027		82740
<div> <div>Last Name</div> <div>First Name</div> <div> </div> <div> <div>Position</div> <div> </div> </div> <div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div> </div> <div> <div>Position</div> <div> </div> </div> <div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div> </div> <div> <div>Position</div> <div> </div> </div> <div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div> </div> <div> <div>Position</div> <div> </div> </div> <div> <div>Name of Affiliated Organization</div> </div> </div>					
Totals	80,713		2027		82,740

ORGANIZATION NAME:  
Teamsters AFL-CIO Local Union 344

ENDING DATE OF PERIOD COVERED:  
December 31, 2001

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
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Totals					